

4-14-00

A



Attorney Docket No.: 5876.200-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FILING UNDER 37 C.F.R. 1.53(b)

Box Patent Application  
Assistant Commissioner for Patents  
Washington, DC 20231

Express Mail Label No. EL 473440375US  
Date of Deposit April 13, 2000

Sir:

This is a request for filing a patent application under 37 C.F.R. 1.53(b) of  
Applicant(s): Buch-Rasmussen et al.

Title: Cassette for storing and insertion of solid medicine

7 pages of specification 1 page of abstract

1 sheet of drawing

3 sheets of Declaration and Power of Attorney

[x] The filing fee is calculated as follows:

Basic Fee:	\$690.00
Total Claims: $6 - 20 = 0 \times 18 =$	\$0
Independent Claims: $1 - 3 = 0 \times 78 =$	\$0
Total Fee:	\$690.00

Priority of Danish application no. PA 1999 00509 filed on April 16, 1999 is claimed under 35 U.S.C. 119. A certified copy is submitted herewith.

Priority of U.S. provisional application no. 60/130,625 filed on April 22, 1999 is claimed under 35 U.S.C. 119.

Address all future communications to Steve T. Zelson, Esq., Novo Nordisk of North America, Inc., 405 Lexington Avenue, Suite 6400, New York, NY 10174-6401.

Please charge the required fee, estimated to be \$690, to Novo Nordisk of North



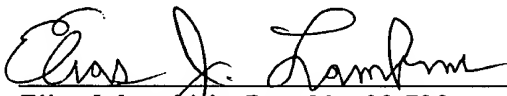
#5  
*Priority Paper*  
*S. Byer*  
10/30/00

00548957-041300

America, Inc., Deposit Account No. 14-1447. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: April 13, 2000

  
Elias J. Lambiris, Reg. No. 33,728  
Novo Nordisk of North America, Inc.  
405 Lexington Avenue, Suite 6400  
New York, NY 10174-6401  
(212) 867-0123

002170-25684560

## PATENT

# EXPRESS MAIL CERTIFICATE

Re: U.S. Patent Application for  
Title: Cassette for storing and insertion of solid medicine  
Applicants: Buch-Rasmussen et al.

Express Mail Label No. EL 473440375US  
Date of Deposit : April 13, 2000

1. Filing Under 37 C.F.R. 1.53(b) (in duplicate)
2. Patent Application
3. Unexecuted Combined Declaration and Power of Attorney
4. Preliminary Amendment
5. Certified Copy of Priority Application

Carol McFarlane  
(Name of person mailing paper(s) or fee)

Carl McFall  
(Signature of person mailing paper(s) or fee)

**Mailing Address:**  
**Novo Nordisk of North America, Inc.**  
**405 Lexington Avenue, Suite 6400**  
**New York, NY 10017**  
**(212) 867-0123**